

Self-Treatment of Ear Wax with Olive Oil and Use of the Bulb Syringe

There is a good patient information leaflet on ear wax at <http://patient.info/health/earwax-leaflet>

Self treat with Olive Oil

Most patients can clear ear wax just with softening ear drops

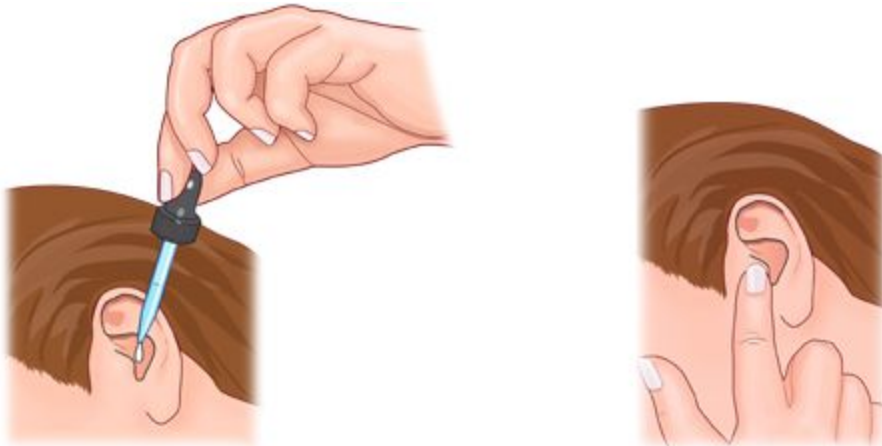
Ear wax is a buildup of dead ear canal cells, hair, dust and natural wax produced by glands in the ear canal. Small amounts are made all the time and may fall out of the ear. Some people produce more wax than others. One only needs to remove ear wax if it is causing symptoms like hearing loss, ringing or dizziness.

In the first instance just ear drops are usually used to soften the earwax. This alone is often successful in softening and removing the wax and if not, increases the chances of success with later ear bulb syringing.

Olive or almond oil drops are recommended and these are available over the counter at most pharmacies - but kitchen olive oil will do just as well. The drops should be used at least twice or three times daily for at least 2-3 weeks using the following instructions. Sodium bicarbonate ear drops or some commercial brands are an alternative but not necessarily any better.

1. **Lie on your side** with the affected ear uppermost.
2. Pull the outer ear backwards and upwards. Drop **several drops of oil**, either at room temperature or mildly warmed to body temperature, into the ear canal and massage the area just in front of the ear canal - the part called the tragus.

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3. Remain lying down for **5 -10 minutes** and then wipe away any excess oil.
4. **Do not** put or leave cotton wool at the entrance to the ear - this would be counterproductive.
5. Repeat the procedure with the other ear if necessary.
6. **If you experience pain or dizziness whilst using ear drops, stop using the drops and see a doctor or nurse practitioner.**

7. If after following the above instructions for 2-3 weeks your symptoms of reduced hearing / blocked ear wax persist, you may proceed with ear bulb syringing.

Self treatment with a bulb syringe

What is a bulb syringe and where do I get it?

The ear bulb syringe is shown below.



It is a small bulb shaped rubber object that will fill with water and allows the user to squirt the water gently into the ear to remove earwax. You can buy it from most pharmacies or online at eg www.ebay.co.uk.

It costs around £3 to £4. It is a hygiene product (like toothbrushes) and not prescribable on an NHS prescription.

Some pharmacies sell it at a mark-up price together with wax softening - eg Boots: http://www.boots.com/en/Otex-Express-Combi-Pack-10ml_983171/

Do not use an ordinary syringe - the pressure could be too high and lead to unwanted side effects!

When should a bulb syringe be used?

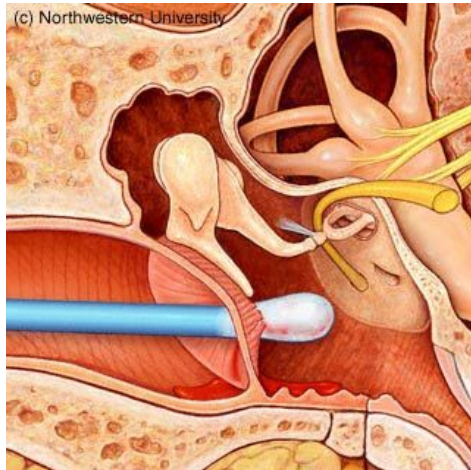
An ear bulb syringe should be used when one or both ears are blocked with wax which hasn't dissolved with the above mentioned softening technique. This is called wax impaction. The ears are usually self-cleaning as the skin cells of the eardrum and ear canal are constantly migrating outwards and most people do not need to interfere with their ears at all. Some people make more wax or their ears do not clean the wax as effectively as others. In these cases wax can build up inside the ear sometimes causing a blockage sensation and reduced hearing.

As mentioned above, treat earwax impaction with eardrops in the first instance.

Should I use cotton buds in my ears?

Never use cotton buds in your ears!!

This pushes wax further into the ear making symptoms worse. It can also cause ear infections and damage / make a hole in the eardrum.



Cotton buds, small spoons or hooks in any shape should **NEVER** be put inside the ear.

What are the benefits of the bulb syringe?

The main benefit of the bulb syringe is that you can use it on your own without needing to make an appointment with your practice nursing team or GP, **saving yourself time and hassle**. It is **cheap** to buy and can be **reused** many times. It appears to have **less risks and unwanted effects** compared to ear syringing done in surgeries. For surgeries this frees up scarce practice nurse and GP appointments to do other important work.

How effective is the bulb syringe?

A study on the use of the bulb syringe showed that half of patients who use it are successfully able to remove their wax. Ear syringing by a practice nurse has been proven to be slightly more effective but it may be sensible to try the ear bulb syringe in the first instance.

Is it safe and what are the risks of using a bulb syringe?

The use of the bulb syringe is commonly used in the USA and continental Europe. Two studies have shown the bulb syringe to be a safe treatment.

The risks of using the bulb syringe include ear infection, failure to remove the wax and eardrum perforation. These risks are low if used properly and with care.

When should a bulb syringe (or pulsed ear syringe) not be used [contraindications to ear syringing]?

Do not use a bulb syringe in the following circumstances:

- Pain in the ear
- A history of ear drum perforation (hole) in the affected ear
- A recent (in last six weeks) history of either a middle or outer ear infection in the affected ear. Symptoms of infection in the ear are usually pain or a smelly discharge.
- A history of only having one hearing ear which is the affected ear.
- Previous ear surgery on the affected ear
- Previous complications following ear syringing
- A history of cleft palate or cleft palate repair in the past

In the above circumstances make an appointment to see your practice nurse or GP to have your ears examined and appropriately treated.

What if my ears are still blocked with wax after using the bulb syringe?

You can repeat bulb syringing several times, but if this fails, too, make an appointment with your practice nurse to examine your ears and try syringing with a pulsed electrical ear syringe device. If this isn't successful, too, you may be referred for microsuction of the ears - but this is not routinely funded by the NHS.

Do I have to treat blocked ears from wax?

No. If your ears being blocked with wax do not particularly trouble you, you do not have to treat it. You can use olive oil or sodium bicarbonate drops daily and this will help the ears to clear themselves. You can get these drops over the counter in any pharmacy.

How do I use the bulb syringe?

The bulb syringe will most likely come with instructions but below is some advice on how to use the bulb syringe:

- 1. Firstly, use olive oil or sodium bicarbonate ear drops in the ear daily for 2-3 weeks as outlined above. Apply a generous amount twice or thrice daily into the ear leaving the ear uppermost for 5 to 10 minutes after applying. If this does not clear the wax then the bulb syringe can be used.**
2. Put some clean warm (**not hot**) water in a bowl. Squirt the bulb syringe in the water a few times to fill it up with the warm water.
3. Hold your head to one side so the affected ear is facing upwards. You can do this in the shower or bath or lie on the bed with a towel underneath your head.
4. If you experience any pain during or before this procedure stop immediately and see your practice nurse or GP for a review.
5. Gently pull your ear in an upward and outwards direction so that the water gets better access to the ear canal. Hold the nozzle inside the ear canal (not too deeply) and GENTLY squirt the water from the bulb syringe into the ear. **Do not use excessive force or push the tip into the ear canal.**
6. You can gently squirt more bulb syringes into the ear if required. Leave the water in your ear for 1-3 minutes to soften the wax.
7. Now tilt your head over the sink so the water can fall out. Wiggle the outer part of the ear to help the water and wax come out. You can repeat the procedure if required.
8. Repeat for the other ear if both ears are affected.

9. If you get any pain or if the procedure is unsuccessful, see your practice nurse or doctor.

There are several videos on ear bulb syringing on youtube - though I would very much advise to perform it **gently** and not squirt “as hard as possible” as some young men suggest in these videos.

If you are interested in the **science / evidence** of this pathway - read on:

The Ear Bulb syringe pathway - the evidence

Source: <http://www.cityandhackneyccg.nhs.uk/Downloads/gp/Pathways/Ear%20Wax%20Bulb%20syringe%20pathway%20-%20Approved%20Dec%202014.pdf>

2.5% of the population visit their GP every year with wax impaction (Coppin and Wicke 2011). A single blind randomized controlled (Coppin and Wicke 2011) trial showed that the ear bulb syringe significantly reduced the demand for appointments for ear irrigation. A consultation was saved for every 2 patients self-treated with the ear bulb syringe.

One of the risks of ear irrigation is ear perforation. A recent systematic review concluded that the bulb syringe appeared to be reasonably safe, despite limited data available (Clegg and Loveman et al 2010). Coppin and Wicke (2008) searched the US Government adverse-event register which showed no adverse events attributed to the use of the bulb syringe.

The safety of the ear bulb syringe may be attributed to the ability of the patient to control the water pressure applied to the ear and adjust this as necessary in response to any discomfort felt, unlike conventional ear syringing, and may reduce the risk of damage to the ear drum (Coppin and Wicke 2011) This pathway aims to utilize the benefits of earwax self-treatment and hopes to reduce patient demand for ear syringing.

References:

1. Coppin R, Wicke D, Little P. Randomized trial of bulb syringes for earwax: impact on health service utilization. *Ann Fam Med.* 2011 ;9(2):110-4.
2. Coppin R and Wicke D. Managing earwax in primary care: efficacy of self-treatment using a bulb syringe. *Br J Gen Pract.* 2008;58 (546): 44–49.
3. Clegg AJ, Loveman E, Gospodarevskaya E, et al. The safety and effectiveness of different methods of earwax removal: a systematic review and economic evaluation. *Health Technol Assess.* 2010;14(28):1-192.
4. Coppin R, Wicke D, Little P. Managing earwax in primary care: efficacy of self-treatment using a bulb syringe. *Br J Gen Pract.* 2008;58(546):44-49.

The risks of ear syringing with an electrical pulsed ear syringe device done in general practice by a medical professional

Failure of wax removal, pain, bleeding, nausea, vertigo / dizziness, tinnitus (ringing in the ear), hearing loss / deafness, puncture of the eardrum, ear infection, damage of the middle and inner ear are possible unwanted effects and risks of ear syringing.

Wax remaining is the most common complication. If the nurse or healthcare assistant is unable to remove the wax using syringing, the patient will be advised to continue using softening drops.

Pain is felt by some people during the procedure. The mild to moderate discomfort typically ends when the treatment is completed. A dull ache might persist for a few hours.

Bleeding is usually slight and resolves on its own. It can occur when the ear canal shows inflammation or irritation.

Nausea may develop during treatment in some people - this is related to balance and stimulation of nerves in the inner ear. Vomiting is uncommon and nausea symptoms fade on their own after treatment.

Vertigo a sensation of spinning, or dizziness, a sensation of unsteadiness can happen due to nerve stimulation of the ear canal. It usually stops after the treatment is completed.

Tinnitus, the sensation of ringing in the ears during syringing, is usually minor and goes away when the procedure is done.

Hearing loss or deafness is usually temporary and usually returns completely after removal of the blocking ear wax. In rare cases the loss is permanent.

Puncture of the eardrum can sometimes occur as the water pressure can make a hole in the ear drum. Usually a ruptured eardrum heals on its own in about two months without any treatment.

Ear infection can sometimes happen due to the waterjet injuring the lining of the ear canal. Antibiotics might be necessary to treat this.

Damage of the middle or inner ear can happen in rare cases when water pressure from ear syringing disrupts middle and inner ear structures that are involved with hearing and balance.

Most complications are minor and not permanent but **serious complications can occur**. The overall risk of a serious complication that requires the attention of an ear specialist is 1 in 1000.

This means that for every 1000 procedures done, there will be 1 instance of the patient needing referral to a specialist as a result of a complication.

As outlined above on page 5, there are no reported instances of patients having done harm to themselves from bulb syringing their own ears. It does therefore appear that self syringing is safer than pulsed ear syringing done in general practice.

Please note that if you experience pain during the procedure, you should let the person doing the ear syringing know right away.

Consent Form for Ear Syringing done in General Practice

Please make sure you have fulfilled the following criteria otherwise the procedure will not be carried out:

<u>Criteria Checklist</u>	Delete or circle as appropriate
A doctor or advanced nurse practitioner has taken a history and examined your ears and has offered treatment with ear syringing for impacted ear wax.	Yes/No
You have used drops for at least 2 - 3 weeks according to the instructions above and this has not taken away your symptoms. You have used a bulb syringe and unsuccessfully attempted to syringe your ear yourself.	Yes/No
You have read through the contraindications to ear syringing on page 4 and confirm you do not have any reason not to have the procedure.	Yes/No
You have acknowledged the risks of the procedure and unwanted effects as outlined on page 6 and 7, signed the consent form, and brought it back with you to your appointment.	Yes/No

Statement of patient

I confirm I have read and understood the information in this leaflet.

I have answered 'Yes' to all four of the criteria in the criteria checklist above.

I acknowledge that I was able to ask questions and raise concerns with the health care provider about my condition, the procedure, possible complications and side effects and my treatment option. My questions and concerns have been answered to my satisfaction.

I understand that there can be no guarantee of benefit or cure from the treatment and no assurance that side effects or complications of treatment will not occur.

I understand that ear irrigation will be performed by a registered nurse care assistant working as part of the nursing team.

I hereby voluntarily give my authorisation and consent to receive ear syringing treatment and assume responsibility for my decision.

Patient Full Name (printed): _____ DOB: _____

Patient's Signature: _____ Date: _____

Practitioner's Name: _____ Date: _____

Practitioner's Signature: _____